



NAME CHANGE REQUEST

INSTRUCTIONS

Requests for a name change on a current Drug Enforcement Administration (DEA) registration can be made on this form. Complete the form in its entirety. Once completed, **sign** the form, make a copy for your records, and **mail or fax** the form to your **local** Diversion Office. Visit the Offices & Directories section on the website to find your local office. Failure to include the required information may result in a delay in the change requested.

Please select the option you prefer:

- ☐ I am changing my last name or business name, I prefer to retain my original DEA registration number with no change in expiration date.
- ☐ My DEA registration number begins with the letter B, R, or M, and I want the second letter in my DEA registration to reflect my new last name. I understand that I will retain the same DEA number and a new expiration month will be set which will be no more than three months prior to or eight months subsequent to the present expiration date.
- ☐ My DEA number does not begin with the letter B, R, or M, and I want the second letter in my DEA registration to reflect my new last name. I understand that I must have a new DEA number issued with a new expiration date. The new expiration month will be no more than three months prior to or eight months subsequent to the present expiration date.

Please complete the following information:

DEA Registration Number: _____

Current Name on Registration: _____

New Name requested: _____

The following must be completed for verification purposes:

Registered Address: _____

Tax Identification Number: _____

Social Security Number: _____

Contact (Individual's Name): _____

Telephone Number: _____

Signature: _____

Date: _____

(A signature **IS REQUIRED** to process this form.)